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**FAX TRANSMISSION****DATE:** May 1, 2009**PTO IDENTIFIER:** Application Number 09/977,864  
Patent Number**Inventor:** Henryk Dudek**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** ROPES & GRAY LLP

Melissa S. Rones, J.D., Ph.D.

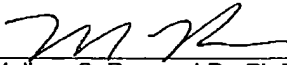
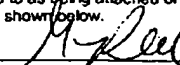
**PHONE:** (617) 951-7653**Attorney Dkt. #:** CIBT-P01-104**PAGES (Including Cover Sheet):** 16**CONTENTS:**Amendment Transmittal (1 page)  
Amendment in Response to Final Office Action (14 pages)  
Charge \$156.00 to Deposit Account No. 18-1945

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<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. CIBT-P01-104	
Application No. 09/977,864		Filing Date October 15, 2001		Examiner Z. C. Howard	
				Art Unit 1646	
Applicant(s): Henryk Dudek					
Invention: HEDGEHOG ANTAGONISTS, METHODS AND USES RELATED THERETO					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	55	- 52 =	3	x 52.00	156.00
<b>Independent Claims</b>	8	- 8 =	0	x 220.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>156.00</b>
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>18-1945</u> in the amount of \$ <u>156.00</u> .					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-1945</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Melissa S. Rones, J.D., Ph.D. Attorney/Agent Reg. No.: 54,408  ROPES & GRAY LLP One International Place Boston, Massachusetts 02110 (617) 951-7653				Dated: <u>May 1, 2009</u>	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below. Dated: <u>5/1/09</u> Signature:  (Ginny Blundell)					

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